The most recently advocated prophylactic measure was introduced by W. F. Patrick in 1931, and has been practised extensively in the United States since then. The procedure requires a complete "hands off" program as far as the baby's skin is concerned from birth to discharge from the maternity hospital at about 14 days. Excess blood and vernix is wiped off the head and face with sterile water at birth. The baby is dressed and diapered and not bathed. In 48 to 72 hours almost all the vernix disappears, except in the creases which may be dried up by the use of the dusting powder already mentioned. This has certain definite advantages, at least theoretically, over other methods. (1) It reduces exposure to infection (I., U.R., skin); (2) reduces exposure to cold; (3) reduces trauma to skin (rubbing, oils, soaps, ointment); (4) saves materials ($200 to $300 yearly, in the average maternity hospital); (5) saves nursing time (2 months of nursing time annually for 30 babies). It is logical and statistically seems as satisfactory as any other method but is not the Utopia that it was at first thought to be. If a pathogenic organism is allowed to enter the nursery it may still start an epidemic of purulent dermatitis even among the unwashed. Our experience in our hospitals in Montreal has been that any one method of caring for the skin of newborn infants has little to recommend it over any other, and has reemphasized the fact that more important than this aspect of the problem is strict attention to aseptic technique and early isolation of all pustular skin lesions during the first two weeks of life.

CHALAZION

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The occurrence of infection in the Meibomian glands is common in people whose eyes are subjected to constant strain and prolonged mechanical or chemical irritation. Congestion of the conjunctival membrane is a predisposing factor in the production of an acute inflammation in these structures. Here, as in many other inflammations, one must consider two main factors as operative: (1) the predisposition of the body to this type of infection; and (2) the presence of an exciting agent, chemical or mechanical. Dust, smoke and chemical vapours, if allowed to act on the conjunctiva for a long enough time, will establish a state of chronic congestion, with a predisposition to the formation of Meibomian cysts. The congestion which paves the way for an acute exacerbation is often caused by eye-strain from refractive errors, local irritation, or is part of a general congestion.

The conjunctiva may also become congested as part of a temporary general congestion such as follows the ingestion of a sufficient quantity of alcoholic beverages. Here one often finds both the local and general effects operating. The alcoholic vapours cause a local irritation of the conjunctiva, whilst, as part of the general congestion which follows after the stimulating effect of alcohol has worn off, the conjunctiva also becomes congested.

The congestion of the conjunctiva preceding the more active inflammatory reaction of an acute chalazion in such cases is of the mild passive type, manifesting itself in symptoms which are mainly due to a hypersecretion of the glands. There seems to be a definite relationship between the hypersecretion of the glands in the scalp and the glands of the conjunctiva. Seborrhœa capitis oleosa (oily dandruff) is a common affliction, and to justify a relationship between it and any other pathological state better proof is necessary than their frequent co-existence. However, when one finds that in people who have a tendency to Meibomian infections the liberal application of a fatty substance will very often start an inflammation in a Meibomian gland, and, again, that an inflammation of a Meibomian gland, if seen at an early stage, may be stopped if the scalp is given the proper drying treatment, one is justified in assuming that the relationship is not merely accidental. Vaseline is, in my experience, the most reliable agent for causing trouble; next comes nujol. Cold cream and olive oil were also tried with similar effect, although somewhat less potent. Fatty applications to the eyebrows and eyelids (some even possessing disinfecting qualities, such as yellow oxide of mercury) were tried, and the tendency was the same. *Per contra,* applications which tend to dry the scalp may be expected to do good. The drying of the scalp, as one would expect, is only temporary, but even a short period of a clean dry scalp is, in my opinion, sufficient to stop the progress of the infection in the Meibomian gland and allow it to subside.

There are many methods of temporarily drying a scalp. The simplest, I have found, is to rub into the scalp common table salt, followed by a shampoo with tincture of green soap.

This method of aborting a chalazion is worth trying. People who have had the experience of having one operated upon, only to have another appear shortly after, become very discouraged, since there seems to be no way of preventing their recurrence. Even the earliest treatment does not seem to affect the ultimate formation of a chalazion, once the first signs and symptoms have made their appearance. The local congestion, the feeling of tightness of the eyelid, the increase in the secretion of the conjunctiva, the sharp pain over the inflamed gland are the early signs of trouble, and hot applications only help to make the patient more comfortable and hasten the progress of the acute stage, after which the chalazion is ready to be operated upon.